


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N94000003394 1. Entity Name PAINTED ROCK SEMINARS, INC. |  |
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| Principal Place of Business 1000 N MAIN STREET BLDG 1249 CHATTAHOOCHEE, FL 32324 | Mailing Address PO BOX 492 CHATTAHOOCHEE, FL 32324 |
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U00000459176
03/18/06-80021-010 61.25



03072006 No Chg-NP CRZE037 (11/05)

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| 4. FEI Number 59-3311748 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent RESCH, ELLEN E 2191 MOHAWK TRAIL SNEADS, FL 32460 |
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANNIS, LAWRENCE V 1330 SHARON ROAD TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD RESCH, ELLEN E 2191 MOHAWK TRAIL SNEADS, FL 32460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BOHN, MARTIN 3113 SHAMROCK SOUTH TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen E. Resch Treasurer 3/7/06 850-663-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #